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The San Diego Mass Chest X-Ray Survey

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San Diego's mass chest X-ray survey—one of the most extensive tuberculosis case finding programs ever attempted in California—ended January 31st, concluding an intensive two months' survey operation in which 245,061 miniature films were taken. This was 81.7 percent of the 300,000 persons toward whom the survey was directed in the metropolitan San Diego area.*

Of the total small films taken, 239,585 (97.8 percent) were taken by the survey team. The remainder of 5,476 films were taken by other agencies, including 4,588 tuberculosis clinic X-rays and 888 Eleventh Naval District X-rays.

Preliminary results of the X-rays taken by the survey team and read at survey headquarters show abnormal findings in 3.6 percent of the 238,557 satisfactory films. For miscellaneous reasons 1,028 films were not readable and, therefore, are not included in the findings as reported in Table I.

Table I
Results of Small Films Read at Survey Headquarters

	Number	Percent
Total satisfactory films read	238,557	100.0
Essentially negative	230,010	96.4
Suspicious of abnormality	8,547	3.6
Tuberculosis		
Urgent	58	--
Other	4,585	--
Other chest pathology	1,850	--
Neoplasm	509	--
Cardiovascular	1,545	--

A Community Report

The San Diego experience was a community effort from start to finish. Although the U. S. Public Health

Service made equipment and professional personnel available to assist in the project as they had done in 10 other U. S. cities, San Diegans planned and executed their own survey with every known organization called in to help. Approximately 10,000 citizen volunteers were brought into one phase or another of survey activities.

The complex details of the community effort were handled by a nonprofit organization known as the San Diego Metropolitan Mass Chest X-ray Survey, which was formed on June 30, 1949. Its incorporation came as the climax to a year of planning by the medical society, the tuberculosis association, and the local health department.

Money to defray necessary expenses came from the tuberculosis association and special local government appropriations. Various public and voluntary agencies assigned staff or loaned equipment to the survey operation.

The "heart" of the survey was its executive committee which met at least once each week from June through January. It was the committee's job to make the policies and plans for the entire operation. The committee was composed of the corporation's officers and chairmen of the various committees. The tremendous job of this group is all the more remarkable when we consider that it was, for the most part, composed of lay people who had little background in tuberculosis control and public health.

Community Organization

In general, the survey worked like this: The overall planning and locations committee divided the city into 17 neighborhood survey districts and suggested

* Estimated adults 15 years of age and over in the cities of San Diego, Chula Vista, Coronado, El Cajon, La Mesa and National City. Figures exclude armed forces and civil service personnel of military establishments in area.



the best locations for X-ray units in each of these. With this preliminary work done, an organizational meeting was called in the community with some prominent citizen presiding as temporary chairman. At this meeting, the survey program was explained and district survey officers and committees elected.

The local survey group then went over the suggested locations, changed them where they thought necessary and set the hours of operation of the X-ray units. The major committees formed in the area included publicity, house-to-house canvassing, hostessing, business, church, school, baby-sitting, transportation and telephoning. These committee chairmen, together with the district chairman, made up the steering committee which met throughout the period between the organizational meeting and the first day of X-raying.

District 18 was the downtown area in which an intensive business canvassing was the main activity. Although locations were changed from time to time, X-ray units were operating in the downtown San Diego area during the entire survey.

Area-wide Committees

In addition to the neighborhood organization committees in each community, a great number of committees important to the success of the survey functioned from survey headquarters. The job of these committees was to handle survey details common to all districts and to work out programs for reaching specific groups. These committees fell into two categories: Professional services and community participation.

Professional Service Committees: These included medical, social service, nursing and statistical committees. Objective of each was to coordinate the work of the groups they represented in survey activities.

Of major importance was the medical service committee and its various sections. The private physicians of the area were undoubtedly the most active single group in the entire survey. Not only did they spend considerable time in promoting and interpreting the program in the community, but spent long hours at the conclusion of their own working days in developing the medical procedures to be followed in the survey, and in work on tuberculosis, heart and tumor review boards. One medical committee checked all survey forms and publicity for authenticity and suitability.

Community Participation: The problem of reaching the community with the "Get an X-ray" message and motivating as many people as possible to follow that advice, was the responsibility of the various community participation committees. These committees were asked to develop a program which would reach every individual coming under their particular sphere of influence. Although a survey staff member worked

with each of them, the work of the committees was almost entirely in the hands of the lay people who volunteered to work in these fields. Committees included school, business and industry, community organization, locations, public information, and staff and X-ray unit volunteers.

The community organization committee was responsible for one-fourth of the X-rays taken in the survey. One-half of the X-rays were taken at the downtown locations. The breakdown of X-rays taken according to general location of units is given in Table II.

Table II
Location and Production of Small X-ray Units

Location	No. X-rays taken
Neighborhoods	60,084
Downtown	140,131
Industries	4,140
Institutions	1,642
Schools	27,084
Other	6,404

After the X-ray

"After the small X-ray, what?" was a major question in the mind of the public throughout the survey period. The answer was this: Small films were read at the central headquarters as soon as possible after the film was taken. Those showing no suspicious signs were mailed postcards stating this fact within two weeks from the date of X-ray. Cases needing further study were asked to appear at the Retake Center, also located at headquarters, for a 14" x 17" film. Over 7,000 persons were serviced at the Retake Center. The results of these confirmatory films follow:

Table III
Confirmatory Film Readings

	Number	Percent
Total examined on confirmatory film	7,208	100.0
Essentially negative	1,417	19.7
Abnormal findings	5,791	80.3
Not significant for follow-up	1,995	--
Evidence of tuberculosis	1,782	--
Cardiovascular abnormality	1,117	--
Other chest pathology	657	--
Neoplasm	240	--

NOTE: A confirmatory film reading does not in itself constitute a diagnosis.

A further breakdown of confirmatory film readings for those with evidence of tuberculosis is given in Table IV.

Table IV
Confirmatory Films Showing Evidence of Tuberculosis

Status of disease indicated by film	Number	Percent
Reinfection type	1,623	100.0
Minimal	1,034	63.7
Moderately advanced	459	28.3
Far advanced	130	8.0
Other tuberculosis	114	--
Suspected tuberculosis	45	--

Complete epidemiological information was taken at the Retake Center. The follow-up of contacts was

stressed throughout and is still accounting for a large share of public health nursing time in the health department program.

Once individuals were informed of the results of the large film and a course of action suggested if further study or care was needed, the job of the survey itself was technically completed. No definite diagnosis was made by the survey staff. Follow-up rested with the individual himself, his physician and the existing public health and social welfare agencies of his community. Of interest here is the fact that 120 additional tuberculosis beds were made available in the county hospital before X-raying began.

During the course of the survey, over 53 percent of referrals were made to private physicians. The referral tabulation follows:

Table V
Referrals of Suspicious Findings on Confirmatory Film

	Number	Percent
Total suspicious findings.....	5,791	100.0
Referred to private physicians.....	3,089	53.3
Referred to tuberculosis clinic.....	627	10.8
Referred to San Diego County General		
Hospital.....	80	1.4
Not significant for referral.....	1,995	34.5

The task of seeing what happens to referrals will rest with the health department and will, no doubt, require a considerable amount of time during the coming months.

Another large bit of work to be done in the health department is the neoplasm and heart follow-up being conducted. The plan is to follow up for a number of years all neoplasm and heart conditions uncovered by the survey. This is the first time a project of this type has been undertaken as part of a mass survey.

One of the most important of all the survey's many beneficial effects on the community is the increased awareness and interest of our citizens and physicians in the tuberculosis problem.

Over 100 more tuberculosis cases have been reported this year as compared to a similar period last year. Although many are, of course, a result of mass survey referrals, it is already evident that cases diagnosed independently of the survey are being reported a great deal more quickly than ever before.

This has been a preliminary discussion of San Diego's Mass Chest X-ray Survey. As more facts and figures are collected and analyzed, we hope to have a better idea of exactly what was accomplished. We do know, however, that the survey has made a lasting contribution to the public health of San Diego. It has advanced our tuberculosis control program to a point from which, with the continued support of the community, we hope to be able to reduce tuberculosis to a minor public health problem.

Radiological Health Branch Established by PHS

To meet new responsibilities in the field of radiological health, the United States Public Health Service has established a Radiological Health Branch in the Division of Engineering Resources, Bureau of State Services. This move has been prompted by the increased and widespread use of radioactive materials and radiation-producing machines in industry and business. Modern uses place the effects of ionizing radiation beyond the confines of laboratories and hospitals, and bring into existence a constantly growing number of problems relating to the health of the Nation.

Dr. Edwin G. Williams is chief of the new branch. Purposes of the branch are to coordinate more closely PHS activities in the whole field of radiological health, to establish and maintain contact with health personnel regarding the public health aspects of nuclear energy and ionizing radiation, and to disseminate pertinent information in this new health field. Plans are under way by the PHS to provide formal training and field consultation to help health officers develop local programs in this special field.

Civil Service Examination

An examination for junior sanitary engineer will be held May 13th by the State Personnel Board. Applicant must have two years of sanitary or public health engineering experience. Salary range is \$281 to \$341. April 22d is final date for filing applications with the State Personnel Board, 1015 L Street, Sacramento.

80th Annual State Dental Meeting

Sugar and dental caries will be a main topic in the program of the State Dental Association's 80th annual meeting in San Francisco April 24-26th. Children's dentistry will also be a major item for discussion.

The Southern California State Dental Association is meeting April 1-4 in Los Angeles. Dr. Hugo M. Kulstad, Chief, Division of Dental Health, State Department of Public Health, will present a paper on "Public Health Dentistry in California," at the southern meeting, and will also participate in the San Francisco session.

National Hearing Week Set for May

National Hearing Week will be observed this year from May 7th to 13th. This special week is sponsored annually by the American Hearing Society and its 119 chapters in the interest of some 15,000,000 Americans who have suffered significant loss of hearing.

Inservice Institutes Held in South by Bureau of Vector Control

Inservice training institutes have been conducted in recent weeks by the Bureau of Vector Control for field and administrative personnel in Southern California. The first institute, designed principally for state vector control officers with field assignments in the southern part of the State, but also attended by sanitarians from local health departments, covered the subjects of mosquito, tick and fly control. This session was held in Bakersfield for one week beginning March 13th.

A second institute, also held in Bakersfield, was conducted March 23d and 24th for managers and entomologists of mosquito abatement districts in Southern California. The session dealt with fly control only. Its purpose was to acquaint mosquito control personnel with the latest information in the allied field.

The institutes were presented through cooperation of the Kern County Health Department, the Kern Mosquito Abatement District, and the Bureau of Vector Control.

Weatherman Plays Leading Role in Protecting Beaches

Requirements for the chlorination of sewage during the "off season" months for swimming have been established by the State Board of Health to protect Southern California bathing beaches. It was agreed that U. S. Weather Bureau forecasts could be used to predict days on which swimmers would be most likely to use the beaches during winter months. Sewage from the City of Los Angeles and the Joint Outfall Sewer of Orange County are to be chlorinated when a mean daily temperature of 65 degrees Fahrenheit or higher is forecast.

Efficiency of the method is to be checked, and, if the plan proves successful, it will provide the necessary protection to the public health at minimum chlorination costs.

Industrial Health Bulletin

Serving as an important medium of communication to inform industry in the Los Angeles area of industrial health services and programs, a new bulletin, *Industrial Health News*, is being published by the Division of Industrial Health, Los Angeles City Health Department. Industry is invited to use the bulletin for the exchange of health information. Dr. George M. Uhl, Los Angeles City Health Officer, reports that many plants are posting the newsette on bulletin boards for all employees to read.

UCLA Offers Summer Workshop in Health Education

"Curriculum planning to solve school and community health problems" is the theme of a health education workshop to be held during the UCLA summer session, June 19th to July 14th. The four-week session is designed to meet the interests and needs of educators, school administrators, curriculum supervisors, health coordinators, teachers of health and related subjects, physical educators, school nurses, personnel from official and voluntary health agencies, P. T. A. representatives, and school board members.

Problems will be discussed in general sessions and in small conference groups. The workshop staff will include the following:

Administrative coordinators: Dr. Edward B. Johns, UCLA, and Mr. Lloyd Webster, Los Angeles County Schools.

Program coordinator: Dr. Bernice Moss, University of Utah.

Health education consultants: Dr. Ira V. Hiscock, chairman of Yale University's School of Public Health; Dr. Carl Haven Young, UCLA; Dr. Ruth Abernathy, UCLA.

Visiting health education consultants: Dr. Walter H. Brown, professor emeritus, Stanford and University of California, Berkeley; Mrs. Cecyl Havelin, State Department of Education; Dr. Hugo Kulstad, State Department of Public Health; Dr. C. Morley Sellery, Los Angeles City Schools; and Dr. G. G. Wetherill, San Diego City Schools.

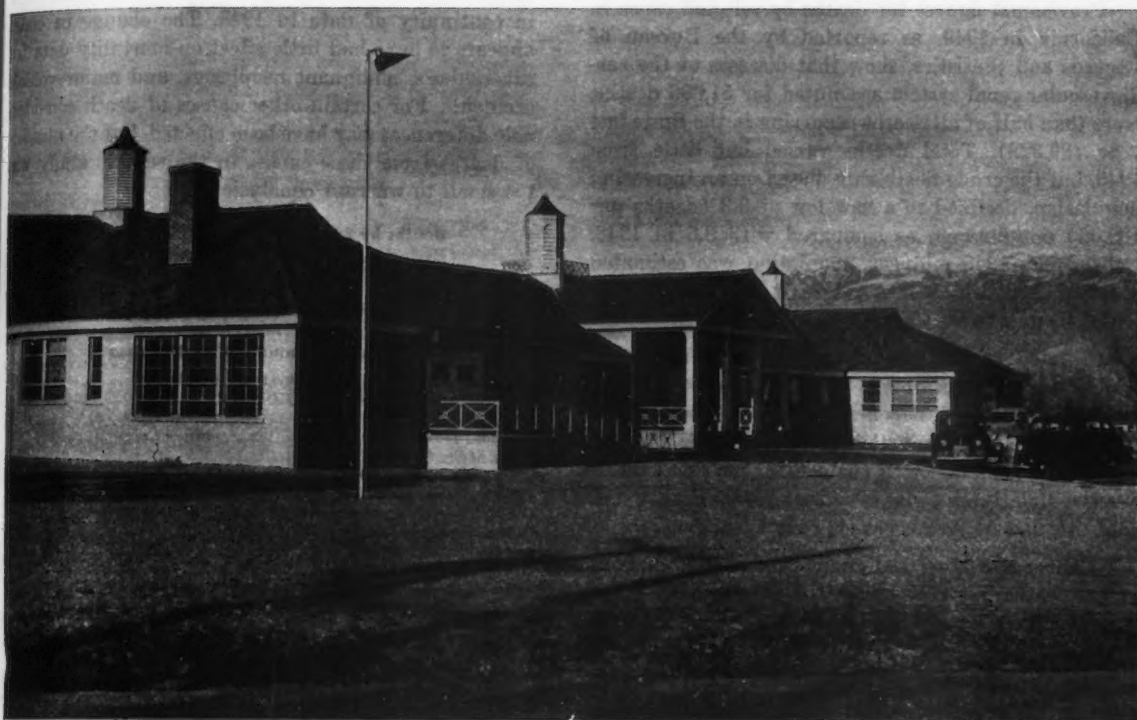
The staff will be augmented by a number of visiting curriculum consultants and by resource persons from the fields of education and public health.

The workshop carries four units of graduate credit. Full information may be had from the University of California Health Education Workshop, Office of the Summer Session, Los Angeles 24.

Family Relations Institute

During the 20 years since the American Institute of Family Relations, Los Angeles, was formed as a non-profit organization for the purpose of bringing together the resources of modern science to promote successful marriage and family living, more than 40,000 persons have been reached through an estimated 150,000 consultations. Through lectures, conferences, and discussion groups, the institute carries on an active and continuous educational program. Dr. Paul Popenoe, recognized authority on family relations, is a leading force in the institute's program.

INYO SCORES A CALIFORNIA FIRST



First among California hospitals built under the Hospital Construction Program is this modern 31-bed Northern Inyo Hospital completed in Bishop last November. This hospital, in its high Sierra setting, serves an area remote from California metropolitan centers. It is factual evidence of benefits to be had through combined federal, state and local financing designed to

meet urgent hospital needs on a priority basis in this State. Total cost was \$473,229, of which \$155,326 were federal funds and a like amount were state funds.

Since the Hospital Construction Program first made funds available in July, 1947, 42 projects have been approved. Of these, seven are completed, 11 are under construction, and 20 are in the paper stage. Four were dropped because local funds did not become available within four months of approval. Some projects now approved must be under construction by July 1, 1950, the rest by July 1, 1951.

In the first three-year period of the program federal allocations for hospital construction have totaled nearly \$10,000,000, and state funds \$6,000,000.

(Photos by Curtis Phillips, Bishop)



Rheumatic fever is responsible for 90 percent of the defective hearts in childhood and accounts for about one-third of the crippled hearts in adult life.—*American Heart Association.*

Deaths by Selected Causes Reported for State in 1949

Provisional figures for deaths by selected cause in California in 1949, as reported by the Bureau of Records and Statistics, show that diseases of the cardiovascular-renal system accounted for 51,000 deaths, more than half of all deaths occurring in the State last year (99,328). Total deaths varied but little from 1948, but the crude death rate, based on an increasing population, declined to a new low of 9.3 (deaths per 100,000 population), as compared with 9.6 in 1948. California's 1949 midyear population was estimated at 10,665,000, which now makes it the second most populous state in the Union.

Included in diseases of the cardiovascular-renal system are diseases of the circulatory system, with arteriosclerotic and degenerative heart disease contributing the largest number of deaths (over 29,000). Vascular lesions affecting the central nervous system was the underlying cause of almost 10,000 deaths, and nephritis and nephrosis caused over 1,000 deaths.

Cancer and other malignant tumors caused about 14,500 deaths last year. Almost 6,000 deaths resulted from accidents, a little less than half of which were motor vehicle accidents. Among the communicable diseases, the largest numbers of deaths were caused by tuberculosis, pneumonia and influenza, and syphilis, in that order.

In comparing 1949 data on deaths by cause with that for previous years great caution must be exercised, since 1949 marked the beginning of use of the new World Health Organization system for classifying causes of death. This system involves not only changes in the groupings of diseases or injuries resulting in death, but also a change in the method of selecting the underlying cause of death when more than one cause is listed on the certificate.

The cause now included in tabulations of deaths by cause is that which the physician recorded as the starting point of the disease syndrome leading to death. Previously one cause was selected from several by application of arbitrary rules set down in the Manual of Joint Causes of Death.

Comparison of the results obtained from the use of the two codes on a 10 percent sample of California death certificates for the first six months of 1949 indicates that by the new classification fewer deaths are being assigned to diabetes mellitus (one of the most extensive differences), nephritis, cirrhosis of the liver, pneumonia and influenza, syphilis, and accidents other than motor vehicle; while a large number of deaths are being assigned to vascular lesions affecting the central

nervous system, chronic rheumatic heart disease, and general arteriosclerosis. For these causes in particular, trends should be studied with a cognizance of the break in continuity of data in 1949. The change in code appears to have had little effect on mortality data for tuberculosis, malignant neoplasms, and motor vehicle accidents. For certain other causes of death considerable differences may have been effected, but the number of deaths from these causes in the sample study was too small to warrant conclusions.

Deaths by Selected Cause: California—1949 (Exclusive of stillbirths. By place of occurrence. Provisional figures)

Cause of death	Number of deaths
Total, All Causes	99,328

Selected Communicable Diseases

Tuberculosis of respiratory system (001-008)	2,406
Tuberculosis, other forms (010-019)	221
Syphilis, all forms (020-029)	631
Typhoid fever (040)	3
Diphtheria (055)	50
Whooping cough (056)	31
Poliomyelitis (080, 081)	133
Other infective and parasitic diseases (001-138, exclusive of those above)	350
Influenza (480-483)	75
Pneumonia (490-493)	1,084

Selected Diseases Usually Chronic in Nature

Malignant neoplasms of the digestive organs and peritoneum (150-159)	5,556
Malignant neoplasms of the respiratory system (160-165)	1,533
Malignant neoplasms of the breast (170)	1,475
Malignant neoplasms of the female genital organs (171-176)	1,574
Malignant neoplasms, other and unspecified sites (140-190, exclusive of those above)	3,100
Neoplasms of the lymphatic and haematopoietic tissues (200-205)	1,200
Benign neoplasms and neoplasms of unspecified nature (210-239)	234
Diabetes mellitus (260)	843
Vascular lesions affecting the central nervous system (330-334)	9,789
Nephritis and nephrosis (590-594)	1,149
Cirrhosis of the liver (581)	1,702
Ulcer of the stomach and duodenum (540, 541)	682
Hernia and intestinal obstruction (560, 561, 570)	514
Diseases of the circulatory system:	
Rheumatic fever (400-402)	70
Chronic rheumatic heart disease (410-416)	1,523
Arteriosclerotic and degenerative heart disease (420-422)	29,232
Other diseases of the circulatory system (430-468)	9,948

Important Causes Limited to One Sex or Age Group

Complications of pregnancy, childbirth and the puerperium (640-689)	138
Diseases of early infancy:	
Birth injuries, postnatal asphyxia and atelectasis (760-762)	2,161
Diarrhea of the newborn (764)	31
Other infections of the newborn (763, 765-769)	279
Other diseases peculiar to early infancy (770-776)	1,567

Accidental and Violent Deaths

Accidental deaths, total	5,932
Motor vehicle accidents (810-835)	2,906
Other accidents (800-802, 840-965)	3,026
Suicide (807-979)	1,760
Homicide and injury purposely inflicted by other persons (980-999)	432

Other Selected Causes

Congenital malformations (750-759)-----	1,166
All other specified causes-----	5,106
Senility and ill-defined causes (780-795)-----	134
Cause not assigned ¹ -----	4,732

¹ Held out for medical review, query, etc.

NOTE: For code numbers following cause of death refer to the Sixth Decennial Revision of International Lists of Diseases and Causes of Death. Figures include deaths occurring in 1949.

Majorie Brush Resigns Heart Post in Move to Mexico

Mrs. Majorie Brush, leader in the program for control of heart disease in California, has resigned as director of the Heart Division, California Tuberculosis and Health Association, effective April 1st. She will accompany her husband to Mexico City where he has accepted a position.

Pioneer work in the development of a public health program for heart disease control in California began in 1941 when the California Heart Association was organized with Mrs. Brush as the executive director. Grants from Columbia Foundation and the Tuberculosis Association financed the agency during the initial period. Later the CHA merged with the Tuberculosis Association to become the Heart Division of that agency.

Most recent achievement of the Heart Division was sponsorship and support of legislation in 1949 which resulted in a state appropriation of \$500,000 for public health rheumatic fever programs. Other noteworthy achievements have been the development of educational programs on heart disease in local tuberculosis associations, the provision of opportunities in postgraduate education for physicians and other professional groups, and assistance to the State Department of Public Health and local departments in planning and organizing programs directed toward control of heart disease.

In addition to her work in California, Mrs. Brush has participated actively in the national program.

Solano's Health

Most recent of local monthly health bulletins is that of the Solano County Health Department, *Solano's Health*, published in mimeographed form by Dr. L. S. McLean, health officer, and his staff. The first issue announces completion of the department's two-story addition to Vallejo headquarters. The department, established in 1940, has occupied the present quarters since 1943. The new annex includes staff quarters and a conference room to be made available to community health groups.

A lifetime can be spent in crossing a street.—
National Safety Council.

Postgraduate Course in Psychiatry

The Division of Psychiatry, University of California School of Medicine, in cooperation with University Extension, announces a postgraduate course in psychiatry and neurology to be held at the Langley Porter Clinic, San Francisco, for 12 weeks, August 28th through November 17th. The course, open only to qualified physicians, is designed to prepare psychiatrists and neurologists for taking the examinations of the American Board of Psychiatry and Neurology. Instruction will be given under the direction of Dr. Karl M. Bowman, professor of psychiatry, University School of Medicine.

Further information may be obtained from Dr. Stacy R. Mettier, professor of medicine, Medical Extension, University of California Medical Center, San Francisco 22.

School of Public Health Bulletin Tells 1950-51 Program

Graduate and undergraduate programs to be offered during the fall and spring semesters, 1950-51, are announced by the University of California, School of Public Health, for the Berkeley and Los Angeles campuses. Graduate study leading to the degree of Master of Public Health may be pursued in the fields of public health administration, hospital administration, medical administration, public health dentistry, public health education, public health engineering, industrial health (engineers), industrial health (physicians), public health laboratory, maternal and child health, public health nutrition, sanitation, and biostatistics.

The School of Public Health also offers programs of study leading to the degree of Doctor of Public Health.

Safety Standards for Radiation Hazards Available

Safety standards for protection of workers against the hazards of radiation and radioactivity are included in the recently-adopted manual entitled *General Industry Safety Orders*, now available from the State Printing Division, Sacramento, for 77 cents, according to Paul Scharrenberg, State Director of Industrial Relations. The orders on radiation and radioactivity include information on supervision and instruction of employees, maximum allowable exposure, maintenance of protective devices, handling and storage of radioactive materials, and types of garments employees must wear. With steadily increasing use of radioactive isotopes in industry, the orders will be of increasing value in preventing occupational injuries.

U. S. P. H. S. Announces Cancer Grants for California

Public Health Service grants will benefit California in the fields of cancer research, education and control. National Cancer Institute awards for this State follow:

Institution and administrator of funds	Amount granted	Subject
Research Grants		
University of California, Berkeley, Dr. Warren L. Bostick	\$5,298	The serial passage of Hodgkin's disease extracts in chicken eggs
University of California, Berkeley, Dr. David M. Greenberg	12,000	Isotopic tracer studies of tissue synthesis and the reactions of metabolic antagonists
Laboratory for Research on the Treatment of Cancer, Boulder Creek, Dr. Floyd C. Turner	1,225	Research on the treatment of cancer
Los Angeles County Hospital, Los Angeles, Dr. Harold F. Pearson	12,500	Metabolism of tissue in relation to propagation of viruses
Mount Zion Hospital, San Francisco, Dr. Gerson R. Biskind	5,500	Hormone metabolism of experimental ovarian tumors in rats
Teaching Grants		
University of California, San Francisco, Dr. R. S. Stone	25,000	Continuing grant-supported training program
University of Southern California, School of Medicine, Los Angeles, Dr. Ian Macdonald	25,000	Continuing grant-supported training program
Control Grants		
Los Angeles County Hospital, Los Angeles, Dr. Edward M. Butt	10,000	Slide tumor library and registry
University of California at Los Angeles School of Medicine, Los Angeles, Dr. Andrew H. Dowdy	24,000	Evaluation of cancer diagnostic tests
California State Department of Public Health, San Francisco, Dr. Wilton L. Halverson	8,500	Occupational cancer of respiratory tract
University of California, San Francisco, Dr. Herbert F. Traut	43,320	Diagnosis of cancer by cytologic examination of body secretion

A tremendous medical-social-economic problem is created by the fact that not less than 9,000,000 persons in this country have various stages of recurring chronic disability due to heart disease.—*Social Legislation Information Service.*

Penicillin, while it cures most VD, does not find cases, nor does it prevent the behavior which leads to infection and, too often, to reinfection.—*American Social Hygiene Association.*

One out of every 16 persons in the United States suffered a disabling injury due to an accident in 1949.—*National Safety Council.*

California Morbidity Reports Selected Diseases—Civilian Cases

Total Cases for February and Total Cases for January
Through February, 1950, 1949, 1948 and
Five-year Median (1945-1949)

Reportable diseases	Current month				Cumulative			
	February				January through February			
	1950	1949	1948	5-yr. median 1945-1949	1950	1949	1948	5-yr. median 1945-1949
Amebiasis	19	35	20	11	38	67	39	24
Anthrax								
Botulism					2			
Brucellosis (undulant fever)	10	6	3	16	19	11	22	16
Chancroid	26	43	38	38	51	85	64	68
Chickenpox	3,920	5,592	4,412	5,002	7,024	10,062	8,487	11,000
Cholera								
Coccidioidomycosis, disseminated	8	7	2	5	12	13	5	9
Conjunctivitis, acute infectious of newborn			3	2				4
Dengue	10	2	1	2	26	5	58	14
Diarrhea of the newborn	34	40	63	116	79	83	114	94
Diphtheria	10	5	5	5	15	8	8	11
Encephalitis, infectious	167	144	140	140	348	335	318	331
Epilepsy	14	25	8	25	27	28	17	27
Food poisoning	249	1,888	248	1,291	452	2,518	428	1,259
German measles	1,355	1,897	1,916	1,918	2,890	3,849	4,387	3,658
Gonococcus infection	4	6	3	5	5	8	9	6
Granuloma inguinale	22	33	7	20	55	54	17	33
Hepatitis, infectious	91	163	6,365	163	151	270	12,708	163
Influenza, epidemic		2	2	1		2		4
Leprosy								
Leptospirosis (Weil's disease)					2			
Lymphogranuloma venereum	2	29	19	18	10	38	40	25
Malaria		2	4	9		5	12	14
Measles	868	5,428	3,266	3,266	1,586	8,480	5,750	6,750
Meningitis, meningococcal	28	43	49	49	61	70	102	75
Mumps	3,773	4,319	2,324	2,324	7,274	7,863	4,297	5,000
Pertussis	573	258	406	406	1,096	486	615	540
Plague								
Pneumonia, infectious	256	207	227	227	433	404	477	430
Polio myelitis, acute anterior	58	72	8	20	152	261	21	61
Rabies, animal		1	4	1		1	4	1
Rabies, human	4	22	21	22	6	42	61	22
Relapsing fever								
Rheumatic fever, acute	55	49	64	62	81	92	141	81
Rocky Mountain Spotted Fever	10	2	2	2	20	4	8	10
Salmonella infections *								
Shigella infections (bacterial dysentery)	61	20	31	20	101	51	48	61
Smallpox								
Streptococcal infections:								
Scarlet fever	585	440	402	601	1,048	873	811	960
Streptococcal sore throat (and "septic sore throat")	79	64	64	47	137	136	134	137
Syphilis	794	1,323	1,236	1,811	1,538	2,431	2,644	1,811
Tetanus	2	1		5	4	1	5	2
Trachoma	1				3	2	2	1
Trichinosis		1	3		1	1	3	1
Tuberculosis:								
Respiratory	612	579	619	619	1,207	1,199	1,248	1,207
Other forms	25	27	35	35	61	61	76	61
Typhemia		1				1		
Typhoid fever	6	11	9	9	13	20	29	13
Typhus fever								
Yellow fever								

* All types of Salmonella infections now reportable. Prior to January 1, 1949 only A, B and C types were reportable; hence five-year median not entirely comparable.

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